

Bronzeville Animal Clinic

Serving All Creatures Wise and Wonderful

Dr. Sophia Gill | 203 East 31 Street | Chicago, IL | 312-949-1838

CLIENT INFORMATION

Owners Last Name _____ First Name _____

Address _____ Apt./Unit # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____ Cell Phone Provider _____

Email _____

Employer's Name _____ Work Phone (____) _____

Driver's License # or ID # _____ State _____

Preferred method of communication: (Please check the appropriate box)

Mail Text Email Phone May we contact you at work? Yes No

Emergency Contact Name _____ Phone # _____)

How did you hear about us? Client _____ (Who can we thank for referring you?)

Clinic Sign Post Card Newspaper Internet _____ (What site?)

DexKnows Facebook Webpage Other _____

PAYMENT POLICY

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or you may ask about financing available through CARE CREDIT!

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from all internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Owners Signature _____ Date _____

PATIENT INFORMATION

Pet's Name _____

Species: Dog Cat Bird Other _____

Breed (for example Labrador Retriever or Domestic Shorthair) _____

Color (specific markings) _____

Date of Birth (month and year if approximate date is unknown) _____

Sex: Male Female Spayed/Neutered: Yes No

Microchipped? Yes No If yes, Microchip # _____

What problem brings your pet in today? _____

MEDICAL HISTORY

Are your pet's vaccinations up to date? Yes No

When/Where were they given? _____

Does your pet have any drug or vaccine allergies? _____

Please list any existing medical conditions? _____

Is your pet currently on any prescribed or over-the-counter medications? Yes No

If so, please list: _____

I agree that Bronzeville Animal Clinic may photograph me and my patient while receiving care at the Bronzeville Animal Clinic, and I hereby release any such photographs to the Bronzeville Animal Clinic for use in marketing and publications.

This waiver shall be binding upon the parties hereto, their heirs, assigns and legal representatives.

Owner Signature _____ Date _____